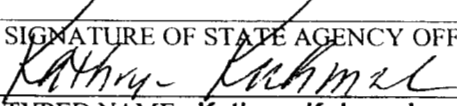



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <b>04-01</b>	2. STATE  <b>New York</b>
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>January 1, 2004</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Social Services Law 366(2)(a)(7)</b>		7. FEDERAL BUDGET IMPACT: a. FFY 2003-2004 <b>\$102.42 million</b> b. FFY 2004-2005 <b>\$136.55 million</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement 1 to Attachment 2.6-A, Pages 1-4, 6, 8, 9</b> <b>Supplement 2 to Attachment 2.6-A, Page 7</b> <b>Supplement 6 to Attachment 2.6-A</b>  *** SEE REMARKS		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Supplement 1 to Attachment 2.6-A, Page 1-4, 6, 8, 9</b> <b>Supplement 2 to Attachment 2.6-A, Page 7</b> <b>Supplement 6 to Attachment 2.6-A</b>	
10. SUBJECT OF AMENDMENT: <b>Medically Needy Income and Resource Standards</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> <del>COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</del> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>New York State Department of Health, Corning Tower, Empire State Plaza, Room 1466, Albany, New York 12237</b>	
13. TYPED NAME: <b>Kathryn Kuhmerker</b>			
14. TITLE: <b>Deputy Commissioner Department of Health</b>			
15. DATE SUBMITTED: <b>March 31, 2004</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>OCT 19 2004</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JAN 01 2004</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Sue Kelly</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS: <p>The following pages have been revised and resubmitted for inclusion into the approved SPA; Supplement 1 to Attachment 2.6-A, page 1 &amp; page 8. Attachment E pages 1-40 follows Supplement 1 to Attachment 2.6-A, page 1 due to document referred on page 1.</p> <p><i>New York (04-01)</i> <i>approved: 10/19/04</i> <i>effective: 01/01/04</i></p>			

**OFFICIAL**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State: New York**

**INCOME ELIGIBILITY LEVELS**

**A. Mandatory Categorically Needy**

1. AFDC-Related Groups other than Poverty Level Pregnant Women and Infants:  
Eligibility for these groups is based on the monthly standard of need (SON) as reflected in the Title IV-A State Plan approved as of July 16, 1996. The monthly SON equals the payment standard. The following illustrates how the SON is derived:

For a household of three living in Suffolk County, and paying for Public Service Commission (PSC) electric heat, the family is allowed: a basic allowance of \$238, which is intended to be used for food, clothes, personal incidentals, etc.; a Home Energy Allowance of \$30; a Supplemental Home Energy Allowance of \$23; a Shelter Allowance of \$387; and a Fuel Allowance for PSC electric heat of \$90. The total monthly SON for a family of 3 living in Suffolk County is \$768.

Additional items of need as described on page 1 of Attachment E, "Standard of Need" for the July 16, 1996 Title IV-A State Plan, in Section 352.1, paragraph (c) are also provided as circumstances warrant. The SON/payment standard would then increase accordingly.

[Family Size] [Needy Standards] [Payment Standards] [Maximum Payment Amount]

2. Pregnant Women and Infants under Section 1902(a) (10) (i)(A) (IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

      133 Percent

      185 Percent (No more than 185 percent)  
(Specifically)

<u>Family Sizes</u>	<u>Income Level</u>
<u>      1</u>	<u>\$17,224</u>
<u>      2</u>	<u>\$23,107</u>
<u>      3</u>	<u>\$28,990</u>
<u>      4</u>	<u>\$34,873</u>
<u>      5</u>	<u>\$40,756</u>

Note: A State Plan amendment was approved under Section 1902 (r) (2) to allow for a disregard of income between 185% and 200% of the poverty level for pregnant women and infants.

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Supersedes TN NO. 03-01

Effective Date JAN 01 2004

Revision: HCFA-PM-91-4  
August 1991

Supplement 1 to Attachment 2.6-A  
Page 8  
OMB No. 0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: New York

### Income Levels (Continued)

#### D. Medically Needy

X Applicable to all groups.

\_\_\_ Applicable to all groups except those specified below. Excepted group income levels are also listed on the attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ___ months.	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007	Net income for persons living in rural areas for ___ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007*
___ Urban Only				
___ Urban & Rural				
1.	\$7,900	\$	\$	\$
2	\$ 10,800	\$	\$	\$
3	\$ 11,500	\$	\$	\$
4	\$ 11,600	\$	\$	\$

For each additional

Person add \$ 1,700 \$ \$ \$

\* The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose incomes exceeds these limits.

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Effective Date JAN 01 2004

**STANDARD OF NEED****Section 352.1 Standard of need for determining eligibility.**

The eligibility for public assistance of all persons who constitute or are members of a family household must be determined by a social services district by applying the following statewide standard of monthly need which must consist of:

- (a) regular recurring monthly needs, exclusive of shelter, fuel for heating, home energy payments and supplemental home energy payments, in accordance with the following schedule:

**SCHEDULE SA-1  
STATEWIDE STANDARD OF NEED  
Number of persons in household**

One	Two	Three	Four	Five	Six	Each additional Person
\$112	\$179	\$238	\$307	\$379	\$438	\$60

- (b) plus the amount of money for shelter, fuel for heating, home energy payments and supplemental home energy payments, required monthly for such persons in accordance with provisions of law and department regulations; and

- (c) for any of such persons who may because of their case circumstances require any of the following items in accordance with applicable provisions of law and department regulations, the standard of need must include the cost of the required item or items in accordance with such provisions: furniture and furnishings for the establishment of a home, essential repair of heating equipment, cooking stoves and refrigerators, additional cost of meals for persons unable to prepare meals at home, replacement of clothing or furniture which has been lost in a fire, flood or other like catastrophe, cost of services and supplies already received, miscellaneous shelter costs, day care, camp fees and payment of life insurance premiums.

**352.2 Allowances and grants for persons who constitute or are members of a family household.**

- (a) Each social services district must utilize the applicable schedules of monthly grants and allowances as found in subdivision (d) of this section to provide for all items of need, exclusive of:

- (1) shelter;
- (2) fuel for heating;

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- (3) additional cost of meals for persons who are unable to prepare meals at home;
- (4) purchase of necessary and essential furniture required for the establishment of a home;
- (5) replacement of necessary furniture and clothing for persons in need of public assistance who have suffered the loss of such items as the result of fire, flood, or other like catastrophe;
- (6) essential repair of heating equipment, cooking stoves and refrigerators;
- (7) allowances for occupational training; and
- (8) other items for which specific provision is otherwise made in this Part.

(b) For the purposes of such monthly grants and allowances under Family Assistance or Emergency Assistance to Needy Families with Children, children or adults residing with an SSI beneficiary must be considered as a separate household from the SSI beneficiary.

(c) Supplemental allowances and grants may not be made other than as authorized under the regulations nor in excess of established schedules. In no event, except as provided in Part 397 of this Title, must a special allowance and grant be required to be made because the cash has been lost, stolen or mismanaged. Any duplicate allowance and grant made for such purpose is not reimbursable by the State unless made as a result of an order made after May 1, 1977 by a court of competent jurisdiction or a payment made after May 1, 1977 pursuant to an order by a court of competent jurisdiction.

(d) The monthly grants and allowances must be as follows:

SCHEDULE SA-2a  
STATEWIDE MONTHLY GRANTS AND ALLOWANCES,  
EXCLUSIVE OF HOME ENERGY PAYMENTS AND  
SUPPLEMENTAL HOME ENERGY PAYMENTS  
FOR SNA-VA-FA

Number of persons in household

One	Two	Three	Four	Five	Six	Each additional person
\$112	\$179	\$238	\$307	\$379	\$438	\$60

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Chautauqua	145	168	193	210	228	235	245	268
Chemung	155	179	206	225	243	251	262	286
Chenango	142	164	189	206	223	231	240	263
Clinton	137	159	183	199	216	223	232	254
Columbia	155	180	207	226	244	253	263	288
Cortland	179	208	239	261	282	292	304	332
Delaware	151	175	201	219	237	245	255	279
Dutchess	174	202	232	253	274	283	295	322
Erie	155	182	205	223	242	250	260	285
Essex	145	168	193	210	228	235	245	268
Franklin	128	145	167	182	197	204	212	232
Fulton	125	145	167	182	197	204	212	232
Genesee	160	185	213	232	251	260	271	296
Greene	155	180	207	226	244	253	263	288
Hamilton	145	168	193	210	228	235	245	268
Herkimer	125	145	167	182	197	204	212	232
Jefferson	187	217	249	271	294	304	316	346
Lewis	105	122	140	153	165	171	178	195
Livingston	158	183	210	229	248	256	267	292
Madison	152	176	202	220	238	246	257	281
Monroe	227	263	302	329	356	368	384	420
Montgomery	125	145	167	182	197	204	212	232
Nassau	270	313	360	392	425	439	472	503
New York City	207	240	276	301	326	337	356	384
Niagara	163	189	217	237	256	265	276	302
Oneida	131	152	175	191	207	214	222	243
Onondaga	185	214	246	268	290	300	312	342
Ontario	165	191	220	240	260	268	279	306
Orange	195	226	260	283	307	317	330	361
Orleans	160	185	213	232	251	260	271	296
Oswego	141	164	188	205	222	229	239	261
Otsego	153	177	204	222	241	249	259	284
Putnam	195	226	260	283	307	317	330	361
Rensselaer	134	157	164	179	194	200	208	228
Rockland	272	316	363	396	428	443	461	505
St. Lawrence	134	156	179	195	211	218	227	249
Saratoga	164	190	218	238	257	266	277	303
Schenectady	168	195	224	244	264	273	284	311
Schoharie	153	177	204	222	241	249	259	284
Schuyler	149	172	198	216	234	242	251	275

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Seneca	162	188	216	235	255	264	274	300
Steuben	137	159	183	199	216	223	232	254
Suffolk	290	337	387	422	457	472	491	538
Sullivan	164	190	218	238	257	266	277	303
Tompkins	163	189	217	237	256	265	276	302
Tioga	190	220	253	276	299	309	321	352
Ulster	221	256	294	320	347	359	373	409
Warren	159	184	212	231	250	259	269	295
Washington	168	195	224	244	264	273	284	311
Wayne	165	191	220	240	260	268	279	306
Westchester	259	300	345	376	407	421	438	480
Wyoming	155	179	206	225	243	251	262	286
Yates	139	161	185	202	218	226	235	257

LOCAL AGENCY MAXIMUM MONTHLY SHELTER ALLOWANCES  
WITH HEAT

	By family size							
	1	2	3	4	5	6	7	8+
Albany	184	213	245	267	289	299	311	341
Allegany	190	220	253	276	299	309	321	352
Broome	218	252	290	316	342	354	368	403
Cattaraugus	179	208	239	261	282	292	304	332
Cayuga	179	208	239	261	282	292	304	332
Chautauqua	167	194	223	243	263	272	283	310
Chemung	197	228	262	286	309	320	333	364
Chenango	189	219	252	275	297	307	320	350
Clinton	156	181	208	227	245	254	264	289
Columbia	191	221	254	277	300	310	323	353
Cortland	199	231	265	289	313	323	337	368
Delaware	200	232	267	291	315	326	339	371
Dutchess	216	251	288	314	340	351	366	400
Erie	169	201	215	234	254	262	273	299
Essex	199	231	265	289	313	323	337	368
Franklin	161	191	212	239	250	259	269	295
Fulton	159	184	212	231	250	259	269	295
Genesee	202	234	269	293	317	328	342	374
Greene	197	229	263	287	310	321	334	366
Hamilton	159	184	212	231	250	259	271	296
Herkimer	173	200	230	251	271	281	292	320
Jefferson	200	232	267	291	315	326	339	371

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Lewis	152	177	203	221	240	248	258	282
Livingston	187	217	249	271	294	304	316	346
Madison	199	231	265	289	313	323	337	368
Monroe	257	298	343	374	405	418	436	477
Montgomery	158	184	211	230	249	257	268	293
Nassau	288	334	384	419	453	468	527	561
New York City	215	250	286	312	337	349	403	421
Niagara	174	202	232	253	274	283	295	322
Oneida	179	207	238	259	281	290	302	331
Onondaga	203	235	270	294	319	329	343	375
Ontario	207	240	276	301	326	337	351	384
Orange	229	265	305	332	360	372	387	424
Orleans	202	234	269	293	317	328	342	374
Oswego	183	212	244	266	288	298	310	339
Otsego	200	232	267	291	315	326	339	371
Putnam	237	275	316	344	373	386	401	439
Rensselaer	153	179	193	210	228	235	245	268
Rockland	302	350	402	438	474	490	511	559
St. Lawrence	182	211	242	264	286	295	307	336
Saratoga	185	215	247	269	291	301	314	343
Schenectady	195	226	260	283	307	317	330	361
Schoharie	199	231	265	289	313	323	337	368
Schuyler	194	224	258	281	304	315	328	359
Seneca	204	237	272	296	321	332	345	378
Steuben	159	184	212	231	250	259	269	295
Suffolk	309	358	412	449	486	503	523	573
Sullivan	211	244	281	306	332	343	357	391
Tioga	201	233	268	292	316	327	340	373
Tompkins	217	251	289	315	341	353	367	402
Ulster	263	305	350	382	413	427	445	486
Warren	215	250	287	313	339	350	364	399
Washington	199	231	265	289	313	323	337	368
Wayne	207	240	276	301	326	337	351	384
Westchester	271	314	361	393	426	440	474	536
Wyoming	199	231	265	289	313	323	337	368
Yates	181	210	241	263	284	294	306	335

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(b) When the recipient is obligated to pay for water as a separate charge to a vendor, an allowance must be made for the additional amount required to be paid. When the recipient is obligated to pay for sewer, water (except when paid as a separate charge) and/or garbage disposal, an allowance must be made therefor to the extent that the total of the rent allowances plus such charge or charges does not exceed the appropriate maximum amount in the schedule in subdivision (a) of this section. For the purpose of this subdivision, the term "separate charge" refers to a billing made directly to a recipient in his or her name, which is limited to charges for his or her utility service.

(c) An allowance for household expenses must be made for a period not in excess of 180 days, when essential to retain a housing accommodation and to maintain the home to which a recipient temporarily receiving care in a medical facility is reasonably expected to return upon discharge from such facility. Payments under this subdivision must not continue for more than 45 days unless, within 45 days following placement in the medical facility, the social services official has reviewed the recipient's status and determined that the recipient is expected to remain in the facility for not more than 180 days and is likely to return to the home following discharge. The basis for these conclusions must be documented in the case record.

(d) (1) Public housing. An allowance for rent must be made for recipients who are tenants of city, State or federally aided public housing up to the amount actually paid or the following schedule, whichever is less, except when a modified schedule of allowances is approved by this department for a specific housing authority or when the housing authority calculates the rent based on a percentage of household income:

Apartment size	Monthly rent
"0" Bedrooms	\$ 65
1 Bedroom	77
2 Bedrooms	90
3 Bedrooms	101
4 Bedrooms	107
5 Bedrooms	110

(i) Modified scheduled approved. When a modified schedule is approved by this department for a specific housing authority, the allowance for rent must be the amount actually paid up to the approved schedule amount.

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